

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90243 032 ***158.75

DOCUMENT # **P01000061970**

1. Entity Name

JC SIGMA ENTERPRISE, INC



DO NOT WRITE IN THIS SPACE

11017118

2. Principal Place of Business

1408 Brickell Bay Drive

3. Mailing Address

1408 Brickell Bay Drive

Suite, Apt. #, etc.

APT 507

Suite, Apt. #, etc.

APT 507

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

04-3634353

☒ Applied For

☐ Not Applicable

Zip

33131

Country

DADE

Zip

33131

Country

DADE

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JUAN CARLOS MEJIA

Street Address (P.O. Box Number is Not Acceptable)

1408 Brickell Bay Drive

Apt 507

City

Miami

FL

Zip Code

33131

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JUAN CARLOS MEJIA

9/21/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P/D/T/S**
NAME **JUAN CARLOS MEJIA**
STREET ADDRESS **1408 Brickell Bay Drive Apt 507**
CITY-ST-ZIP **Miami, Florida 33131**

TITLE **Director**
NAME **ELSA PINEDA**
STREET ADDRESS **1408 Brickell Bay Drive Apt 507**
CITY-ST-ZIP **Miami, Florida 33131**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Carlos Mejia 9/21/03

Date

Daytime Phone #

CR2E034B (12/02)